2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N94000001547

Entity Name: NAPLES BOTANICAL GARDEN, INC.

Current Principal Place of Business:

4820 BAYSHORE DR
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

4820 BAYSHORE DR
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 65-0511429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUINN, SONDRA
4820 BAYSHORE DR
SUITE D
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

QUINN, SONDRA
4820 BAYSHORE DR
NAPLES, FL 34112 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 04/25/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: WHITE, LINDA
Address: 4820 BAYSHORE DR.
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: KAPNICK, SCOTT B
Address: 4820 BAYSHORE DR.
City-St-Zip: NAPLES, FL 34112

Title: DS ( ) Delete
Name: WARE, CATHERINE K
Address: 4820 BAYSHORE DR.
City-St-Zip: NAPLES, FL 34112

Title: P ( ) Delete
Name: SONDRA, QUINN J
Address: 4820 BAYSHORE DR.
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: BUEHLER, PATRICIA H
Address: 4820 BAYSHORE DR.
City-St-Zip: NAPLES, FL 34112

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVC ( ) Change (X) Addition
Name: LAGRIPPE, JAMES
Address: 4820 BAYSHORE DR.
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONDRA QUINN P 04/25/2005
Electronic Signature of Signing Officer or Director — Date